## **Annual Return for Partnership Withholding Tax (Section 1446)**

► See separate Instructions for Forms 8804, 8805, and 8813.

► Attach Form(s) 8805.

1994

OMB No. 1545-1119

Department of the Treasury Internal Revenue Service

For calendar year 1994 or tax year beginning , 1994, and ending

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| Chec                  | k this  | s box if the partnership consisted entirely of nonresident al  | ien partners du | ring the      | tax year                       |   |                          |     |  |
|-----------------------|---|--|-----------------|---------------|--------------------------------|---|--------------------------|-----|--|
| Par                   | t I   | Partnership  |                 |               |                                |   |                          |     |  |
| 1a                    | Name  | Name of partnership  |                 |               | Employer identification number |   |                          |     |  |
| С                     | Number, street, and room or suite no. (If a P.O. box, see page 4 of the Instructions.)  |  |                 |               | For IRS Use Only               |   |                          |     |  |
|                       |   |  |                 | СС            |                                | FD  | FD                       |     |  |
|                       |   |  |                 | RD            |                                | FF  |                          |     |  |
| d                     | City, state, and ZIP code (If a foreign address, enter city, province or state, postal code and country.)   |  |                 | CAF           |                                | FP  |                          |     |  |
|                       |   |  |                 | CR            |                                | ı   | E ALLEMAN AND THE STREET |     |  |
|                       |   |  |                 | EDC           |                                |   |                          |     |  |
| Part                  | t II  | Withholding Agent  |                 |               | ,                              |   |                          | -   |  |
| 2a                    | Name of withholding agent (if partnership is also the withholding agent, enter "SAME" and do not complete lines 2b-d)   |  |                 |               |                                | Withholding agent's U.S. identifying number |                          |     |  |
| С                     | Numbe   | er, street, and room or suite no. (If a P.O. box, see page 4 of the Instruction  | ns.)            |               |                                |   |                          |     |  |
| d                     | City, st  | tate, and ZIP code   |                 |               |                                |   |                          |     |  |
| Par                   |   | Section 1446 Tax Liability and Payments  |                 |               |                                |   |                          |     |  |
|                       |   | number of noncorporate foreign partners:   | -               |               |                                |   |                          |     |  |
|                       |   | number of corporate foreign partners:  | <del></del>     |               |                                |   |                          |     |  |
|                       |   | effectively connected taxable income allocable to:   |                 |               |                                |   |                          |     |  |
|                       |   | corporate foreign partners \$ ×  |                 |               | · · · ⊢                        | la l  |                          |     |  |
|                       |   | orate foreign partners \$ ×  |                 |               |                                | 4b<br>5                                     |                          |     |  |
| 5                     | Total   | section 1446 tax owed. Add lines 4a and 4b   |                 |               | ' . 🔯                          | 3   |                          |     |  |
|                       | on lir  | nents of section 1446 tax made by the partnership identified<br>he 1 during its tax year (or with a request for an extension<br>he to file) and amount credited from 1993 Form 8804                              | ı               |               |                                |   |                          |     |  |
|                       | the p   | on 1446 tax paid or withheld by another partnership in which artnership identified on line 1 was a partner during the tax (attach Form(s) 1042-S or 8805)  | .               |               |                                |   |                          |     |  |
|                       | identi<br>real p<br>or 82   | on 1445(a) or 1445(e)(1) tax withheld from the partnership ified on line 1 during the tax year for a disposition of a U.S. property interest by that partnership (attach Form(s) 1042-S 88-A) (see instructions) | 6c              |               |                                | 7   |                          |     |  |
|                       |   | payments. Add lines 6a through 6c  |                 |               | 🎾                              |   |                          |     |  |
|                       | <b>Balance due</b> . If line 5 is more than line 7, subtract line 7 from line 5. Attach a check or money order for the full amount payable to the "Internal Revenue Service." Write the partnership's employer identification number, tax year, and "Form 8804" on it |  |                 |               |                                |   |                          |     |  |
| 9                     | Overpayment. If line 7 is more than line 5, subtract line 5 from line 7   |  |                 |               |                                | 9   |                          |     |  |
| 0                     | Amou  | unt of line 9 you want <b>Refunded to you</b>  |                 |               | . •                            | 10  |                          |     |  |
| 1                     | Amou  | unt of line 9 you want Credited to next year's Form 8804   | 11              |               |                                |   |                          |     |  |
| Plea<br>Sigr<br>Hero  | n s based on all information of which preparer has any knowledge.   |  |                 |               |                                |   | ithholding age           |     |  |
|                       |   | Signature of general partner, limited liability company member, or withholding agent   |                 | Title         |                                |   | Date                     |     |  |
| aid<br>Frena          | rpr'e   | Preparer's signature   | Date            | Chec<br>self- | ck if<br>employed              | Preparer's so                               | cial security r          | 10. |  |
| reparer's<br>Jse Only |   | Firm's name (or yours if self-employed) and  |                 |               | E.I. No.                       |   |                          |     |  |
|                       | ,,  | address  |                 |               | ZIP code                       |   |                          |     |  |